

## REMARKS

Claims 1-4, 6-9, 19, 21-27, 29, 32, 34-40, 42-46, 48-52 and 56-60 were examined and rejected. Applicant amends claims 1, 6-9, 19, 25, 32, 38, 43, 48-52, 56-58 and 60, and asserts that no new matter is added herein. Amendments to claims 6-9, 48-51 and 58 are to cure a typographical error. Furthermore, amendments to the other claims are supported as follows: claim 1 at paragraphs 27, 29 and 31; claim 19 as previously amended; claim 25 at paragraphs 23, 25, 30, 32, 36, 40, and 59-61; claim 32 as previously amended; claim 38 at paragraphs 23, 25, 30, 32, 36, 40, and 59-61; claim 43 at paragraphs 27, 29 and 31; claim 52 at paragraphs 52 and 53; claim 56 at paragraph 56; claim 57 at paragraph 57; and claim 60 at paragraph 57. Applicant respectfully request reconsideration of claims 1-4, 6-9, 19, 21-27, 29, 32, 34-40, 42-46, 48-52 and 56-60, as amended, in view of at least the following remarks.

### I. Claim Rejections Under 35 U.S.C §102

The Patent Office rejects claims 1-2, 43-44, 56 and 60 under 35 U.S.C. §102(e) as being anticipated by U.S. Patent Application Publication No. 2003/0048868 to Bailey, et al. (Bailey). It is axiomatic that to be anticipated every limitation of a claim must disclosed in a single reference.

Applicant respectfully disagrees with the rejection above and submits that independent claim 1 is patentable over the cited reference for at least the reason that the cited reference does not disclose "receiving a digital fluoroscopic image of the target volume; and adjusting automatically the treatment plan based on movement in a video display of the digital fluoroscopic image" as required by claim 1. Applicant notes that Bailey does not disclose use of a fluoroscopic image, but that the Office Action and Advisory action did not appear to give this limitation weight. To address this issue, Applicant has amended the claim to recite a digital fluoroscopic image, and adjusting automatically the treatment plan based on movement in a video display of the digital fluoroscopic image. Applicant submits that Bailey does not disclose a fluoroscopic image or a video display of a fluoroscopic image. Moreover, while Applicant

previously described that a fluoroscopic image may be live or real time as exemplary embodiments, the invention is not limited to these examples.

Bailey discloses positioning patient 62 on table 60, comparing CT scanner slices of the patient with images taken during the planning stage (e.g., of an original plan), and moving the table to insure that the target region of the patient is within the region of interest (e.g., as specified by an original plan) so that it can be exposed to the radiotherapy beam 50 (see paragraphs 48-49). Bailey also discloses adjusting the size and shape of the radiotherapy beam, adjusting the table position, and adjusting the angular position of radiation source 40 (to be according to the original plan), automatically, with some or complete control by the therapist, by using a computerized system including computer 80 (see paragraphs 51-53). Moreover, Bailey discloses a suitable collimator subsystem at 46 so that the cross-sectional shape and size of the radiotherapy beam can be modified to have a shape and size as specified by an original plan (see paragraph 41).

However, the Patent Office has not identified and Applicant is unable to find any disclosure in Bailey that accounts for receiving a digital fluoroscopic image of the target volume, for adjusting a treatment plan based on movement in a video display of the digital fluoroscopic image, or for adjusting automatically a treatment plan. Specifically, the sections of Bailey cited above disclose using a scanner to take sliced images, and adjusting a patient position and/or radiotherapy beam so that the beam is appropriately aligned with a target region according to an original, previously calculated plan. However, the cited sections do not disclose receiving a digital fluoroscopic image, adjusting a treatment plan based on movement in a video display of the digital fluoroscopic image, or adjusting automatically a treatment plan, as required by claim 1.

According to claim 1, for example, an original plan may be updated, such as by planning software recalculating a treatment dose, when the target position of the patient moves or changes, and is thus no longer in accordance with the original plan (see Applicant's specification paragraph 23 lines 18-35). In some cases, a care provider may determine that radiation fields are not correct or that a setup required by an original plan is mechanically unachievable (see paragraph 38), and thus may cause the original plan to be automatically adjusted by the planning software and system 100 based on adjustments made to the original treatment plan by the care provider (see

paragraph 40). Also, the care provider may adjust static or MLC field position, size, and machine parameters by modifying an image at a workstation, the result of which will be the planning software automatically adjusting system 100 according to the updated plan, such as by moving to new positions, the simulation machine, couch, treatment margins or respiratory gating (see paragraphs 40-41).

Now addressing the Advisory Action and the **Response to Arguments** section of the Final Office Action (item 24). At paragraph 48, Bailey describes that “subsystem 12 can be used as a CT scanner to take multiple slices of the patient and compared, if necessary to the sliced images taken during the planning stage.” Thus, although Bailey describes taking multiple slices of the patient to be compared with sliced images taken during a planning stage, there is no indication that the multiple slices are anything other than sliced planes of a computer tomographic (CT) imaging system used to create stationary views such as stereoscopic images and three dimensional image stationary views (see paragraphs 24 and 25 of Bailey). Consequently, the Patent Office has not identified and Applicant is unable to find any teaching, suggestion, disclosure, or implication in Bailey that a digital fluoroscopic image is received, or that a plan is adjusted based on movement in a video display of such an image.

Moreover, Bailey describes moving a patient to the appropriate location identified for the patient according to an original, previously calculated plan. Specifically, paragraph 48 describes scanning a patient on a treatment machine to determine the location of the patient compared to the desired location of the patient according to a planning stage. Paragraph 49 describes determining the size and location of the target region of the patient on the treatment machine and moving the patient to ensure that the target region is within the region of interest as compared to the plan. Thus, although Bailey describes moving a patient to ensure that a target region is within a region of interest according to an original plan, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Bailey that the originally planned position for the patient, according to the original, previously calculated plan, is ever updated or changed (e.g., such as to adjust a treatment plan, as required by claim 1).

Next in the Advisory Action and the **Response to Arguments** section of the Final Office Action the Patent Office asserts that Frohlich also discloses or suggests automatically adjusting a treatment plan as required by claim 1. Applicant respectfully

disagrees. Similar to Bailey, Frohlich describes improving patient positioning so that an x-ray image of the patient's body part produced in and relative to a linear accelerator may be compared to a reference radiograph, previously obtained at the simulator to ensure accurate positioning according to an original, previously calculated planned position for the patient in a radiotherapy or radiosurgery plan (see column 1 lines 14-34; column 2 lines 8-35). However, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Frohlich of receiving a digital fluoroscopic image, or of automatically adjusting an existing treatment plan based on movement in a video display of the digital fluoroscopic image, as required by claim 1.

Hence, for at least the reasons that the cited references do not disclose the limitations of claim 1 noted above, Applicants respectfully request the Patent Office withdraw the rejection above.

Next, Applicant respectfully disagrees with the rejection above and submits that amended independent claim 43 is patentable over the cited references for at least the reason that Bailey does not disclose "receiving a digital fluoroscopic image of the target volume; and adjusting automatically the treatment plan based on movement in a video display of the digital fluoroscopic image," as required by claim 43. An argument analogous to the one above with respect to claim 1, applies here as well. Hence, Applicant respectfully requests the Patent Office withdraw the rejection above of claim 43, for at least the reasons cited above with respect to claim 1.

Now, Applicant respectfully disagrees with the rejection above and submits that independent claim 56 is patentable over the cited references for at least the reason that Bailey does not disclose a system that comprises a simulation component "wherein said radiation source is at a fixed position relative to the gantry that simulates a distance between a patient and a treatment source in a treatment machine," as required by amended claim 56. As described in the present specification, at paragraphs 56 and 57, for example, prior art simulation systems required a source that could move in relation to the gantry in order to simulate the distance to a patient that could be achieved on a treatment machine. For example, Bailey does not teach or suggest a system with a simulation component wherein the radiation source is at a fixed position relative to the gantry that simulates a distance between a patient and a treatment source in a treatment machine. Hence, Applicant respectfully requests that the Patent Office withdraw the rejection above.

Also, Applicant respectfully disagrees with the rejection above and submits that independent claim 60 is patentable over the cited references for at least the reason that Bailey does not disclose a distance from the radiation source to the axis of rotation is a fixed distance that simulates a treatment source to treatment system axis of rotation of linear accelerator treatment system, as required by claim 60. As described in the present specification, at paragraphs 56 and 57, for example, prior art simulation systems require a source that could be moved to change the distance between the source and the axis of rotation of the gantry, in order to allow the source to be at a distance that simulates a treatment source to treatment system axis of rotation of a linear accelerator treatment system. For example, Bailey does not teach or suggest a simulation system with a simulation component wherein the radiation source is at a fixed distance relative to the axis of rotation of the gantry that simulates a treatment source to treatment system axis of rotation of a linear accelerator treatment system. Hence, Applicant respectfully requests the Patent Office withdraw the rejection above.

The Patent Office rejects claims 25, 29, 38 and 42 under 35 U.S.C. §102(e) as being anticipated by U.S. Patent No. 6,661,870 to Kapatoes, et al. (Kapatoes).

Applicant respectfully disagrees with the rejection above and submits that independent claim 25 is patentable over the cited references for at least the reason that Kapatoes does not disclose adjusting a treatment plan or a patient position based on the input associated with the digital image wherein the data image is generated on a treatment simulator system; recalculating a treatment plan; and saving the recalculated treatment plan, as required by amended claim 25. According to claim 25, for example, as noted at paragraphs 23, 25, 36, 38, 40, 41, and 59-61 of the Applicant's specification, a treatment plan and/or a patient position may be automatically adjusted based on input associated with a digital image wherein the data image is generated on a treatment simulator system, the plan may then be recalculated based on the same input, and the recalculated treatment plan saved. It is to be noted, without limitation thereto, that according to claims 25 and 38, automatically adjusting a patient position need not require adjusting or recalculating a treatment plan, but may instead be where the position of a patient is adjusted just prior to treatment to ensure the patient is positioned in a planned position according to a (not adjusted or recalculated) original treatment plan (e.g., see the discussion above for claim 1).

As noted above for claim 1, neither Bailey nor Frohlich disclose or teach adjusting a patient position or adjusting a treatment plan based on input associated with a digital image generated on a treatment simulator system, as required by claim 25.

Specifically, although Bailey describes a CT X-ray imaging system at a treatment machine (see para. 37), it does not describe the treatment machine as capable of performing simulation functions known to be performed by a simulator system (e.g., taking images of an actual patient from a positional location similar to one that may be used by a treatment source to treat that patient). Similarly, Frohlich describes improving patient positioning at a treatment machine by using markers to map each x-ray image to ensure accurate lineup of an image amplifier and film (see col. 4 lines 5-44). However, Frohlich does not describe the treatment machine as capable of performing simulation functions known to be performed by a simulator system (e.g., taking images of an actual patient from a positional location similar to one that may be used by a treatment source to treat that patient).

Kapatoes fails to cure the shortcomings of Bailey and Frohlich. For example, Kapatoes teaches creating a new dose distribution, when therapy is to begin, if there has been a deformation or change in size of a tumor (see column 3 lines 43-57; column 5 line 41 through column 6 line 8). Specifically, Kapatoes teaches oncologist strategic “on the fly” adjustment (e.g., by considering tradeoffs), during treatment at a treatment machine (see column 5 line 57 through column 6 line 6). Moreover, Kapatoes teaches using confirmation image 102 obtained when radiation therapy is to begin for comparison with treatment image 100 (see column 5 lines 58-63). However, Kapatoes does not disclose adjusting a treatment plan or a patient position based on input associated with a digital image generated on a treatment simulator system, as required by claim 25.

Hence for at least the reasons above, Applicant respectfully requests the Patent Office withdraw the rejection above.

Next, Applicant respectfully disagrees with the rejection above and submits that independent claim 38 is patentable over the cited references for at least the reason that Kapatoes does not disclose adjusting a treatment plan or a patient position based on the input associated with the digital image wherein the data image generated on a treatment simulator system; recalculating the treatment plan; and saving the

recalculated treatment plan as required by amended claim 38. An argument analogous to the one above with respect to claim 25 applies here as well. Hence, for at least the reasons given above with respect to claim 25, Applicant respectfully requests that the Patent Office withdraw the rejection above of claim 38.

The Patent Office rejects claim 57 under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 6,301,325 to Besson et al. (Besson).

Applicant respectfully disagrees with the rejection above and submits that independent claim 57 is patentable over the cited references for at least the reason that Besson does not disclose means to move the patient support closer to and/or further from the gantry head as the gantry rotates to maintain a constant distance between the radiation source and a point defined in relation to the patient support, as required by amended claim 57. As described in the present specification, at paragraphs 56 and 57, software may automatically move the treatment couch closer to the gantry head and, as the gantry head is rotated around the patient, the couch may be and automatically repositioned closer to and/or further from the gantry head to maintain this treatment distance. For example at paragraph 57, the present invention allows for maintaining a constant distance between the source, and e.g. a target, during rotation, with the capability to provide treatment simulation for machines having different source to isocenter distances.

On the other hand, Besson teaches that table 46 is moved along a translation axis 48 aligned with the Z-axis of the Cartesian Coordinate System (see column 5 lines 14-16), but does not teach moving the table closer to and/or further from the gantry head as the gantry rotates to maintain a constant distance between the radiation source and a point defined in relation to the patient support.

Hence, for at least this reason, Applicant respectfully requests that the Patent Office withdraw the rejection above of claim 57.

Any dependent claims not mentioned above are submitted as not being anticipated or obvious, for at least the same reasons given above in support of their base claims.

## II. Claim Rejections Under 35 U.S.C §103

The Patent Office rejects claims 3 and 45 under 35 U.S.C. §103(a) as being unpatentable over Bailey, as applied to claims 1 and 43 above, and further in view of

U.S. Patent No. 5,764,723 to Weinberger, et al. (Weinberger). To render a claim obvious, all limitations of that claim must be taught or suggested by at least one properly combined reference.

Applicant submits that dependent claims 3 and 45 being dependent upon allowable base claims 1 and 43 are patentable over the cited references for at least the reasons stated above. Thus, Applicant respectfully requests that the Patent Office withdraw the rejection above.

The Patent Office rejects claims 4 and 46 under 35 U.S.C. § 103(a) as being unpatentable over Kapatoes in view of Bailey. Applicant respectfully disagrees with the rejection above and submits that independent claim 4 is patentable over cited reference for at least the reasons that the references do not teach or suggest "a third component to adjust the treatment plan based on the simulated execution of the treatment plan," as required by claim 4.

As noted above, Bailey teaches adjusting a patient's position and adjusting a radiotherapy beam to align the beam with a target region of the patient by comparing CT scanner slices taken when treatment is to be provided with a planned patient position from an original plan. Also, Kapatoes teaches changing a treatment dose when the therapy is to begin.

However, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Bailey of a third component to adjust a treatment plan, or of adjusting a treatment plan based on a simulated execution of the treatment plan, as required by amended claim 4. Specifically, as noted above for claim 1, Bailey does not teach or suggest adjusting a treatment plan, but instead discloses adjusting patient position to be in an appropriate location as planned according to a treatment plan. Moreover, Bailey compares CT scanner slices taken when treatment is to be provided with sliced images taken during a planning stage to move the patient into the planned patient position (see paragraph 48 and 49), but does not teach or suggest adjusting a treatment plan based on a simulated execution of the treatment plan. Also as noted above, Kapatoes teaches changing a treatment dose when the therapy is to begin, but does not teach adjusting a treatment plan. Moreover, Kapatoes does not teach adjustment based on a simulated execution of a treatment plan. For instance, Kapatoes teaches obtaining confirmation image 102 when radiation therapy is to begin, and comparing treatment image 100 with confirmation image 102 (see column 5 lines 58-63),

but does not teach adjustment based on a simulated execution of the treatment plan. Hence, for at least these reasons, Applicant respectfully requests the Patent Office withdraw the rejection above of claim 4.

Applicant respectfully disagrees with the rejection above and submits that independent claim 46 is patentable over the cited references for at least the reason that neither Bailey nor Kapatoes teach or suggest "a means for adjusting the treatment plan based on the simulated execution of the treatment plan," as required by amended claim 46. An argument analogous to the one above with respect to amended claim 4, applies here as well. Hence, for at least the reasons above with respect to claim 4, Applicant respectfully requests that the Patent Office withdraw the rejection above of claim 46.

The Patent Office rejects claims 6, 8, 48 and 50 under 35 U.S.C. § 103(a) as being unpatentable over Kapatoes and Bailey as applied to claims 4 and 46 above, and further in view of U.S. Patent No. 5,901,199 to Murphy et al. (Murphy).

Applicant submits that dependent claims 6, 8, 48 and 50 being dependent upon allowable base claims are patentable for at least the reasons described with respect to their base claims. Thus, Applicant respectfully requests the Patent Office withdraw the rejection above.

The Patent Office rejects claim 7 and 49 under 35 U.S.C. §103(a) as being unpatentable over Bailey and Murphy as applied to claims 6 and 48 above, and further in view of U.S. Patent Application Publication 2003/0007601 to Jaffray, et al. (Jaffray).

Applicant submits that dependent claims 7 and 49 being dependent upon allowable base claims 4 and 46 are patentable over the cited references for at least the reasons stated above. Thus, Applicant respectfully request that the Patent Office withdraw the rejection above.

The Patent Office rejects claims 9 and 51 under 35 U.S.C. §103(a) as being unpatentable over Bailey and Murphy, as applied to claims 6 and 48 above, and further in view of Frohlich.

Applicant submits that claims 9 and 51 being dependent upon allowable base claims 4 and 46 are patentable over the cited references for at least the reasons explained above. Thus, Applicant respectfully requests that the Patent Office withdraw the rejection above.

The Patent Office rejects claims 19, 21-24, 32 and 34-37 under 35 U.S.C. § 103(a) as being unpatentable over Frohlich in view of U.S. Patent No. 3,466,439 to Setala (Setala).

Applicant respectfully disagrees with the rejection above and submits that independent claim 19 is patentable over the cited references for at least the reason that Frohlich does not disclose providing input associated with a digital image, and automatically adjusting one or more components of a radiotherapy simulator system, based on the input, as required by claim 19. According to claim 19, for example, as noted in paragraph 40 of Applicant's specification, without limitation thereto, a position of a radiation source and an imager of a radiotherapy simulator system may be automatically adjusted based on input from a care provider to correct a treatment radiation field.

On the other hand, as noted above with respect to claim 1, Frohlich teaches pre-positioning a patient relative to a linear accelerator (see column 2 lines 8-22).

However, the Patent Office has not identified and Applicant is unable to find any disclosure in Frohlich of automatically adjusting components of a radiotherapy simulator system, based on input to correct a treatment radiation field, as required by claim 19.

Setala teaches a table and associated radiation treatment apparatus which may be adjusted through 360 degrees around the table in a vertical plane in which may be further adjusted longitudinally of the table (see col. 1, lines 24-28; Fig.2; and column 2 lines 16-20). However, Setala fails to cure the shortcomings of Frohlich. Specifically, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Setala of automatically adjusting a position of one or more components of a radiotherapy simulator system, based on the input to correct a treatment radiation field, as required by claim 19. Hence, since none of Frohlich, Setala, or their combination teach or suggest the above noted limitation, Applicant respectfully requests the Patent Office withdraw the rejection above.

In addition, Applicant respectfully disagrees with the rejection above and submits that independent claim 32 is patentable over the cited references for at least the reason that the references do not teach or suggest automatically adjusting components of a radiotherapy simulator system based upon an input to correct a treatment radiation field, as required by claim 32. An argument analogous to the one above with respect to claim 19 applies here as well. Hence, for at least the reasons given above with respect to claim 19, Applicant respectfully requests that that the Patent Office withdraw the rejection above of claim 32.

The Patent Office rejects claims 26-27 and 39-40 under 39 U.S.C. § 103(a) as being unpatentable over Kapatoes as applied to claims 25 and 38 above, and further in view of Frohlich.

Applicant submits that claims 26-27 and 39-40 being dependent upon allowable base claims, are patentable for at least the reasons described above with respect to their base claims. Thus, Applicant respectfully requests the Patent Office withdraw the rejection above.

The Patent Office rejects claim 52 under 35 U.S.C. §103(a) as being unpatentable over Bailey in view of Jaffray.

Applicant respectfully disagrees with the rejection above and submits that independent claim 52, as amended, is patentable over the cited references because the references do not teach or suggest performing brachytherapy comprising producing a treatment plan for placement of a radiation source in the patient while the patient is on the patient support; and treating the patient according to the treatment plan on the patient support, as required by amended claim 52.

As noted above, with respect to claim 1, Bailey teaches adjusting a position of a patient and / or a radiotherapy beam to appropriate positions according to a treatment plan. Specifically, Bailey teaches that sliced images are obtained to produce a plan, the images are then used to plan treatment, and “when treatment is to be provided the patient 62 is provided on table 60...” (see paragraphs 47 and 48).

Jaffray teaches implanting radio-opaque markers on a lesion (see paragraph 11).

However, the Patent Office has not identified and applicants are unable to find any teaching or suggestion in Murphy or Jaffray of performing brachytherapy comprising producing a treatment plan for placement of a radiation source in the patient while the patient is on the patient support; and treating the patient according to the treatment plan on the patient support, as required by claim 52. As known in the industry, brachytherapy includes a temporary radiation implant, or a permanent implant of a radioactive source, such as a seed. On the other hand, Jaffray describes radio-opaque markers, but not implanted radiation sources in the patient, or producing a treatment plan for placement of a radiation source while the patient is on the patient support; and treating the patient according to the treatment plan on the patient support. Hence, since neither Bailey, Jaffray, nor the combination, teaches or suggests the above

noted limitation of claim 52, Applicant respectfully requests that the Patent Office withdraw the rejection above.

The Patent Office rejects claims 58 and 59 under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent No. 6,535,574 to Collins et al. (Collins), in view of Toshiba “Clinical Performance: Delivering upon the Promise of Multi-slice CT through Proven Performance”.

Applicant disagrees with the rejection above and submits that independent claim 58, as amended, is patentable over the cited references because Toshiba does not teach or suggest a gantry that “comprises a single cast frame, wherein the frame comprises a first elongated portion and a second elongated portion disposed at an angle to one another,” as required by amended claim 58.

Collins describes a patient positioning system employing surface photogrammetry and portal imaging (see Title) including gantry 210 (see Fig. 1, column 3 lines 41-56). However, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Collins that gantry 210 is a single cast frame gantry having two portions at an angle, as required by claim 58.

Toshiba teaches an aluminum, rigid, die-cast gantry (page 3, col. 1, lines 28-31). However, the gantry of Toshiba has a “unique tube design” (see page 3 column 1, lines 30-31 and the picture of the ring or donut shaped gantry on page 7). Thus, the Patent Office has not identified and Applicant is unable to find any teaching or suggestion in Toshiba of a single cast frame gantry having two elongated portions disposed at an angle to one another, as required by claim 58. Hence, for at least this reason, Applicant respectfully requests that the Patent Office withdraw the rejection above of claim 58.

In addition, Applicant asserts that the motivation of combining Collins with Toshiba to “lengthen the lifetime to components and reduce vibrations (page 3, col. 1) as implied from Toshiba,” is improper. Specifically, upon reading Collins and Toshiba, a practitioner in the art would not be motivated to use “a rigid, aluminum die-cast gantry” to reduce vibration and extend the lifetime of critical components of the gantry of Collins because the gantry of Collins does not experience the vibrations of concern in Toshiba since the gantry of Collins is not a ring or donut gantry, like the gantry of Toshiba. For example, for Toshiba, vibration may be an issue because ring or donut type gantries rotate much faster than the “L” type gantry of Collins. For instance, as known in the art, a ring or donut type gantry may rotate on the order of one to three

times per second, while the "L" typed gantry in Collins may rotate at about one RPM (e.g., approximately 60-180 times slower than the gantry in Toshiba). Thus, a practitioner would not be motivated to look at or follow the teachings of Toshiba in order to reduce excessive vibration in the gantry of Collins, because as known in the art, they have different vibrational / resonance characteristics and such excessive vibration is not an issue for Collins. For example, in addition to not being motivated to use an aluminum die-cast gantry, a practitioner would also not be motivated to use the unique tube design of Toshiba to reduce vibration in Collins. Hence, for at least this second reason, Applicant respectfully requests the Patent Office withdraw the rejection above of claim 58.

Any dependent claims not mentioned above are submitted as not being anticipated or obvious, for at least the same reasons given above in support of their base claims.

## CONCLUSION

In view of the foregoing, it is believed that all claims now pending patentably define the subject invention over the prior art of record and are in condition for allowance, and such action is earnestly solicited at the earliest possible date.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2666 for any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.

If a telephone interview would expedite the prosecution of this Application, the Examiner is invited to contact the undersigned at (310) 207-3800.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date:

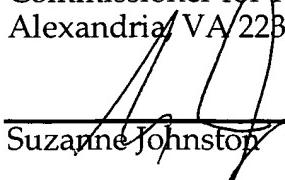
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